

CACFP FREE AND REDUCED-PRICE MEAL APPLICATION FOR FDCH PROVIDER FY 2008

PART 1 ENROLLED CHILD OR CHILDREN: Write the name and age of each enrolled child.

Name	AGE	Food Stamp Case No.	TAFI No.	FDPIR No.	ICCP No.
Last, First					

PART 2 - FOSTER CHILD: Complete this part and sign the application in Part 4.

Write the Foster Child's personal use income and indicate how often it is received: \$ _____ () Monthly () Bi-Monthly () Weekly () Bi-Weekly

Sample: Mary Jones	\$ 170	W	\$ 360	M	\$		\$ 80	TW
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PART 3 - NAMES	CURRENT INCOME AND FREQUENCY							
	(Frequency Codes: M=Monthly W=Weekly TM=Twice a Month TW=Every Two Weeks)							
List the Names of Everyone in Your Household except children listed above. Even if they don't have income.	Income (Before Deductions) Job 1	Code	TAFI, Child Support, Alimony	Code	Pensions, Retirement, Social Security	Code	Job 2 or Any Other Income	Code
1.	\$		\$		\$		\$	
2.	\$		\$		\$		\$	
3.	\$		\$		\$		\$	

Total Number of Household Members:	** FOR OFFICIAL USE ONLY **	Total Monthly Income: \$
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Name and Social Security Number of Household Member who signs this form (See Privacy Act Statement)

Name: _____ Social Security Number: _____
() I do not have a Social Security Number

Part 4 - SIGNATURE: An adult household member must sign the application before it can be approved.

I certify that all of the above information is true and correct and that the Food Stamp number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that Sponsoring Organization's officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Date Signed: _____

PART 5 - RACE/ETHNIC IDENTITY:

You are not required to answer these questions.

- () Hispanic or Latino
() Not Hispanic or Latino

() American Indian & Alaska Native
() Asian
() Black or African American
() Native Hawaiian or Other Pacific Islander
() White

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX

MONTHLY INCOME CONVERSION: Weekly x 4.33; Every 2 Weeks x 2.15; Twice a Monthly x 2

() Food Stamp () Income Household: Total household monthly income \$ _____ Household Size _____

- () FDPIR
() TAFI
() Tier I:

- (a) eligible by school data _____ Yes _____ No
(b) eligible by census data _____ Yes _____ No
(c) eligible by income data _____ Yes _____ No

If eligible by Income Data Tier 1 (c) is yes:
Has income verification been completed? _____ Yes _____ No
(attach verification documentation)

() Tier II Provider's Name _____

Signature of Representative of Sponsoring Organization: _____ Date: _____

Date _____

Dear Provider:

Please complete, sign and return the attached Free and Reduced-price Meal Application as soon as possible if you wish to establish eligibility as a Tier I home in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) or if you wish to claim meals and snacks served to your own child in this program.

Establishing Eligibility as a Tier I Home

To qualify for the Tier I rate for meals served to children enrolled in your day care program, you must either: 1) be located in an area of economic need as determined by school enrollment or census data (in certain instances), or 2) be income eligible.

To be income eligible you must complete the attached Free and Reduced Application and submit it **to us with the required verification documentation**. You must report all household income, not just your day care business income. If we determine that you are income eligible you will qualify for Tier I reimbursement for all children in your care.

If you have already been classified as a Tier I because your day care home is located in an area determined to be economically eligible, do not complete this form unless you would like to claim meals and snacks served to your own children. You must report all household income, not just your day care business income. In this case you are not required to submit income verification documentation. Our agency may verify the income information you submit, but it is not required to do so in this circumstance.

If you do not live in an area established as one of economic need and choose not to complete the Free and Reduced Application, or do not qualify for free and reduced price meals, you will still receive reimbursement for CACFP meals and snacks served to enrolled children at the basic Tier II rate.

CONFIDENTIALITY

The information included in this application and verification documentation provided is confidential. This information may be made available to designated Idaho state agency representatives or representatives of USDA.

The application form must be returned to our office at: _____ We will contact you regarding your eligibility status. If you have any questions about this form, please contact _____ at _____. Thank you for your cooperation.

Income Eligibility Guidelines For Day Care Homes

Effective Dates July 1, 2007 - June 30, 2008

HOUSEHOLD SIZE	ANNUAL	MONTHLY RANGE	WEEKLY
1	18,899	1,575	364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
For each additional family member add:	+6,438	+537	+124

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."